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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): O. Yamamoto

Group Art Unit: 2878

Serial No.: 10/715,723

Examiner: Webb

Filed: November 14, 2003

For: X-RAY IMAGING APPARATUS

**INFORMATION DISCLOSURE STATEMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Pursuant to Rule 56, applicant hereby calls the attention of the Patent Office to the references listed on the attached Form PTO 1449.

Copy(ies) of these references:

- ☒ Foreign Patent Applications, Foreign Patents and/or Other Non-Patent Documents are attached (Copies of cited U.S. Patents/Publications are not provided).
- ☐ Were filed in related application U.S. Serial No(s) , filed , respectively.
- ☐ This document is being filed within three (3) months of the filing date of the application
- ☐ A check for the requisite fee of \$180 is enclosed.
- ☐ This document is being concurrently filed with the above-identified application
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- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this Information Disclosure Statement, or credit any overpayment to Deposit Account No. 13-4500, Order No. 1232-5206. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

Respectfully submitted,  
MORGAN & FINNEGAN, L.L.P.

Dated: December 20, 2005

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<b>FORM PTO-1449</b> <b>INFORMATION DISCLOSURE CITATION</b>	Attorney Docket: 1232-5206	Serial No.: 10/715,723
	Applicant: Yamamoto	
	Filing Date: 11/14/03	Group Art Unit: 2878

**U.S. PATENT / PUBLICATION DOCUMENTS**

Examiner Initial		Patent/Publication Number	Publication/Issue Date	Name	Filing Date
	1.				
	2.				
	3.				
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	5.				
	6.				
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	10.				
	11.				
	12.				
	13.				
	14.				

**FOREIGN PATENT DOCUMENTS**

Examiner Initial		Patent Number	Publication Date	Country	Copy Filed	Translation
	15.	8-289883	11/05/96	Japan	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	16.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	17.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	18.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	19.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	20.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No

Examiner	Date Considered
EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP §609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.	